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FACSIMILE TRANSMISSION COVER SHEET

Date: December 29, 2004

To: United States Patent and Trademark Office
Examiner: Chieh M. Fan; Art Unit: 2634

Fax: (703) 872-9306

Re: **Application Serial No.: 10/054,327**
Filing Date: 11/13/2001; First Named Inventor: Young
Attorney Docket No.: 0200109C2

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 21

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated November 30, 2004.
Thank you.

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Attorney Docket No.: 0200109C2

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Young, et al.SERIAL NO.: 10/054,327 FILED: November 13, 2001FOR: DSL Link with Embedded Control and Multi-Channel CapabilityHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ _☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non- Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	47	MINUS **50	* = 0	x 50	x 25	\$
INDEPENDENT	7	MINUS ***7	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0200109C2

- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/29/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

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Name of Person Performing Facsimile Transmission

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